



## TOWN OF LOS GATOS ARTS COMMISSION APPLICATION

Submit to: Clerk Department  
110 East Main Street, P.O. Box 949, Los Gatos, CA 95031  
Telephone: (408) 354-6834 • Fax: (408) 354-8431 • Email: [clerk@losgatosca.gov](mailto:clerk@losgatosca.gov)

**Please type or print legibly**

* Last Name: _____	* First Name: _____
* Address: _____	* City: _____ * Zip: _____
* Home Phone: _____	Work Phone: _____
Email: _____	Fax: _____
Present Employer: _____	Job Title: _____
Length of Residency in Los Gatos: _____	
* <i>If appointed, this information will be made available to the public.</i>	

Previously Held Elected or Appointed Governmental Positions	Position/Office Held	Dates
Civic or Charitable Organizations You Have Belonged To	Position/Office Held	Dates
Schools Attended/Attending	Major Subject and/or Grade Level	
A separate application is required for each Commission. Please list other Commissions you are applying to: _____		

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

1. Why are you interested in serving on the Arts Commission? \_\_\_\_\_

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2. What has been your experience/involvement with non-profit agencies? \_\_\_\_\_

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3. What kinds of fund-raising activities have you participated in? \_\_\_\_\_

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4. Tell us about your experiences with preparing budgets. \_\_\_\_\_

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5. What grant writing experiences do you have? \_\_\_\_\_

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6. Have you ever attended an Arts Commission meeting? \_\_\_\_\_. If so, please provide a summary of your observation of the meeting? \_\_\_\_\_

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Name of applicant: \_\_\_\_\_

7. What impact would you like to have on the arts in Los Gatos? \_\_\_\_\_  
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\_\_\_\_\_  
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8. What kind of commission activities are you interested in? \_\_\_\_\_  
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